01/28/2011 11:37

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# **FEC**

#### REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Mutual Insurance Companies PAC 3601 Vincennes Road ADDRESS (number and street) PO Box 68700 Check if different than previously Indianapolis IN 46268 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00170258 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Gregg Dykstra Type or Print Name of Treasurer Electronically Filed by Gregg Dykstra 0 1 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$ 

Transaction ID:

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

3/66

Write or Type Committee Name National Association of Mutual Insurance Companies PAC

FEC Form 3X (Rev. 02/2003)

" D 11 23 2010 12 3 1 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 100241.13 January 1 (b) Cash on Hand at 1946.57 Begining of Reporting Period ..... 12000.89 289219.32 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 13947.46 389460.45 6(a) and 6(c) for Column B) ..... -15548.01 359964.98 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 29495.47 29495.47 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 66

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

<sup>D</sup> 23

2010

To:

м м 1 2 D D 31

Y Y Y Y 2 0 1 0

I. Receipts	I. Receipts COLUMN A Total This Period	
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	7202.76	179789.53
(ii) Unitemized	2292.75	61779.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9495.51	241568.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	2500.00	42500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11995.51	284068.63
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)  6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	5.38	150.69
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12000.89	289219.32
). Total Federal Receipts (subtract Line 18(c) from Line 19)	12000.89	289219.32

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 66

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	451.00	001100
	Expenditures	151.99	2214.98
	(c) Total Operating Expenditures	454.00	004400
_	(add 21(a)(i), (a)(ii) and (b))	151.99	2214.98
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
•	Federal Candidates/Committeesand Other Political Committees	-10500.00	334500.00
1	Independent Expenditure	10000.00	004000.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans Made  Refunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other	0.00	100.00
	Than Political Committees	0.00	100.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	500.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	600.00
9.	Other Disbursements	-5200.00	22650.00
_	= 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(I) I euclai State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	2.22	2.22
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-15548.01	359964.98
	_		
2.	Total Federal Disbursements		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	-15548.01	359964.98

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 66

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	11995.51	284068.63
34.	Total Contribution Refunds (from Line 28(d))	0.00	600.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	11995.51	283468.63
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	151.99	2214.98
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	151.99	2214.98

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cathy M. Adcock  Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Manager  Aggregate Year-to-Date  295.00	Date of Receipt  M M M / 30 / 2010  Transaction ID: E3558B9078F0253544  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Todd E. Albert  Mailing Address PO Box 111  City  Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Vice President of Information Systems Aggregate Year-to-Date  650.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Todd E. Albert  Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Vice President of Information Systems Aggregate Year-to-Date   650.00	Date of Receipt  M M M / 29 / 2010  Transaction ID: 9F53E6D143EBC6D6D  Amount of Each Receipt this Period  25.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd E. Albert  Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Vice President of Information System Aggregate Year-to-Date   650.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Senior Vice President - State and Pol Aggregate Year-to-Date  1014.00	Date of Receipt    M   M   D   D   2 0 1 0   Transaction ID: 0087B9D1BBA6D21F1   Amount of Each Receipt this Period   39.00
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Senior Vice President - State and Pol Aggregate Year-to-Date  1014.00	Date of Receipt  M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: 7DB7515882D1ACC724  Amount of Each Receipt this Period  39.00
SUBTOTAL of Receipts This Page (optional)		103.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 66 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not	be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura			solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			Date of Desciret
Neil Alldredge  Mailing Address PO Box 68700			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 9EDCD44DFA1984D52 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40200-0700	39.00
Name of Employer National Association of Mutual Insuran	Occupation Senior Vice F	President - State and Po	i i
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1014.00	
Full Name (Last, First, Middle Initial) Diane Allen			Date of Receipt
Mailing Address 6101 Anacapri Blvd			M M / D D / Y Y Y Y Y Y 1 1 1 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: CFA661470324C8FDD
Lansing	MI	48917-3968	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Vice Preside	nt-Personnel	
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) Lisa M. Ayotte			Date of Receipt
Mailing Address PO Box 30660			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lansing	State MI	Zip Code 48909-8160	Transaction ID: 0B3A8A3C553A8495A  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1	30.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation AVP- Real E	state & Operational Serv	rice
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 295.00	
SUBTOTAL of Receipts This Page (optional)			109.00
TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 66 (check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  National Association of Mutual Institute (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to surance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S. Benson  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation President & COO  Aggregate Year-to-Date   3115.53	Date of Receipt    M
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation President & COO  Aggregate Year-to-Date   3115.53	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John S. Benson  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation President & COO  Aggregate Year-to-Date  3115.53	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (option	nal)	346.17

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any pers the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S. Benson  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation President & COO  Aggregate Year-to-Date  3115.53	Date of Receipt    M
Full Name (Last, First, Middle Initial) Marsha Brown  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Regulatory Affairs Counsel Aggregate Year-to-Date  325.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Marsha Brown  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Regulatory Affairs Counsel Aggregate Year-to-Date  325.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)	)	140.39

ents may not be sold or used by any person and address of any political committee to companies PAC  State Zip Code N 46268-0700  Coupation egulatory Affairs Counsel aggregate Year-to-Date	Date of Receipt    Date of Receipt   1 2 3 0 2 0 1 0
State Zip Code N 46268-0700  Ccupation egulatory Affairs Counsel	Transaction ID: 02F3C37190EDA68E7D  Amount of Each Receipt this Period
N 46268-0700  Coupation egulatory Affairs Counsel	Transaction ID: 02F3C37190EDA68E7D  Amount of Each Receipt this Period
N 46268-0700  Coupation egulatory Affairs Counsel	Transaction ID: 02F3C37190EDA68E7D  Amount of Each Receipt this Period
N 46268-0700  Coupation egulatory Affairs Counsel	Amount of Each Receipt this Period
ccupation egulatory Affairs Counsel	
ccupation egulatory Affairs Counsel	12.50
egulatory Affairs Counsel	
ggregate Year-to-Date ▼	
33 - 3	
325.00	1
323.00	J.
	Date of Receipt
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State Zip Code	Transaction ID: 60393EBC6913E3DDC
VII 48917-3968	Amount of Each Receipt this Period
	42.00
·	
ggregate Year-to-Date ▼	
448.00	
	Date of Receipt
	1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	Transaction ID: AAD5B69B21E9FF6B2
MI 48909-8160	Amount of Each Receipt this Period
	20.00
•	
ggregate Year-to-Date ▼	
220.00	
	1
220.00	İ
	State Zip Code

FOR LINE NUMBER: PAGE 12 / 66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 66 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any pers the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S. Case  Mailing Address PO Box 6927  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230-0927  C  Occupation Secretary/Treasurer Aggregate Year-to-Date  370.84	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation President & CEO  Aggregate Year-to-Date  2590.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: E98CA224BCF85FD2B7  Amount of Each Receipt this Period  90.00
Full Name (Last, First, Middle Initial) Charles M. Chamness  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation President & CEO  Aggregate Year-to-Date  2590.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	)	210.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 66 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  National Association of Mutual Ins	and Statements may not be sold or used by any persong the name and address of any political committee to surance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles M. Chamness  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation President & CEO  Aggregate Year-to-Date   2590.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Mark Coe  Mailing Address PO Box 111  City  Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation IT Manager  Aggregate Year-to-Date   525.00	Date of Receipt  M M M J B B D J P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Coe Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation IT Manager  Aggregate Year-to-Date   525.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (option	nal)	165.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	NUMBER: / one) 11b 14	PAGE 15/66  11c 12 15 16 17
or for cor	mation copied from such Reports and nmercial purposes, other than using the OF COMMITTEE (In Full) onal Association of Mutual Insura	ne name and ad	dress of any political committee to	on for the purp o solicit contrib	oose of solicit outions from s	ing contributions such committee.
A. Mark of Mailin City Bucy FEC I federa Name Ohio pany Recei	g Address PO Box 111	State OH C Occupation IT Manage Aggregate		1 2 Transac	29 ction ID: CF	2 0 1 0 35212AE34C9170370 Delipt this Period 25.00
B. Darwi Mailin City Neer FEC I federa Name Jewel Comp. Recei	D number of contributing al political committee. e of Employer ers Mutual Insurance	State WI  C  Occupation Presiden  Aggregate		1 2 Transac	0 1 ction ID: BE	2 0 1 0 B8223DF9D9EE914E ceipt this Period 100.00
City Lans FEC I federa  Name Auto- pany Recei	lame (Last, First, Middle Initial) h Dechatelets, CPCU g Address PO Box 30660  sing D number of contributing al political committee.  e of Employer Owners Insurance Compt For: Primary General Other (specify)	<del></del>	Zip Code 48909-8160  In t Vice President e Year-to-Date ▼ 295.00	1 1 Transac	3 0 ction ID: AE	2 0 1 0 889D71E7EA849564E ceipt this Period 30.00
SUBTO	TAL of Receipts This Page (optional)					155.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 66 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cynthia DeLong Mailing Address PO Box 1776  City Yarmouth  FEC ID number of contributing federal political committee.  Name of Employer Patriot Insurance Company  Receipt For: Primary General Other (specify)	State Zip Code ME 04096-1776  C  Occupation Vice President, Claims  Aggregate Year-to-Date  260.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Cynthia DeLong Mailing Address PO Box 1776  City Yarmouth  FEC ID number of contributing federal political committee.  Name of Employer Patriot Insurance Company  Receipt For: Primary General Other (specify)	State Zip Code ME 04096-1776  C  Occupation Vice President, Claims  Aggregate Year-to-Date  260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cynthia DeLong Mailing Address PO Box 1776  City Yarmouth  FEC ID number of contributing federal political committee.  Name of Employer Patriot Insurance Company  Receipt For: Primary General Other (specify)	State Zip Code ME 04096-1776  C  Occupation Vice President, Claims  Aggregate Year-to-Date  260.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 66 (check only one)    X   11a
or for commercial purposes, of NAME OF COMMITTEE	other than using the name and ad	ldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mic Cynthia DeLong Mailing Address PO Bo  City Yarmouth  FEC ID number of contrib federal political committee  Name of Employer Patriot Insurance Compar  Receipt For: Primary Other (specify)	State ME  uting Occupation Vice Pre	Zip Code 04096-1776  on esident, Claims e Year-to-Date ▼ 260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Mic Robert Detlefsen, PhD Mailing Address PO Bo City Indianapolis  FEC ID number of contrib federal political committee  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary G Other (specify)	State IN  uting C  Occupation Vice Pressure Association of the state o	Zip Code 46268-0700  on esident - Public Policy e Year-to-Date ▼ 1235.00	Date of Receipt    M
Full Name (Last, First, Mic Robert Detlefsen, PhD Mailing Address PO Bo City Indianapolis  FEC ID number of contrib federal political committee  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary Go Other (specify)	State IN  uting C Occupation Vice Pres	Zip Code 46268-0700  on esident - Public Policy e Year-to-Date ▼ 1235.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: 311BF60A78A60F14779  Amount of Each Receipt this Period  45.00
SUBTOTAL of Receipts Th	is Page (optional)	)	100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 18 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
•	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	ne name and address of any p	or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Robert Detlefsen, PhD  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Cod IN 46268-0  C  Occupation Vice President - Pub Aggregate Year-to-Date	oroo olic Policy e ▼ 1235.00	Date of Receipt  M M M / 30 / 2010  Transaction ID: 35DA707AEF142D79E25  Amount of Each Receipt this Period  10.00
В.	Full Name (Last, First, Middle Initial) Charles W. Drier Mailing Address PO Box 30660  City	State Zip Cod	le	Date of Receipt  1 1 3 0 2 0 1 0  Transaction ID: BFCEDCD56CDEBFD9FBE
	Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owner's Insurance Company Receipt For:  □ Primary □ General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date	dent	Amount of Each Receipt this Period 75.00
C.	Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Cod IN 46268-0  C  Occupation Chief Operating Offit  Aggregate Year-to-Date	0700 icer	Date of Receipt  M M M / D D A 2 0 1 0  Transaction ID: 2C4DB67AC7FD1B663C5  Amount of Each Receipt this Period  41.00
	SUBTOTAL of Receipts This Page (optional)		······	126.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 66 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General		perating Officer e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: ED93BE2A6E912593C99  Amount of Each Receipt this Period  41.00
— В.	Other (specify) ▼  Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D.  Mailing Address PO Box 68700  City	State	1000.00 Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General  Other (specify)	C Occupation Chief Op	46268-0700	Amount of Each Receipt this Period  41.00
_ C.	Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For:	State MI  C  Occupation Vice Pre Aggregate		Date of Receipt    M M M
	Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number		<u> </u>	120.47

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	the name and ad	dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC  Mailing Address 1 Mutual Ave  City	State	Zip Code	Date of Receipt  1 1
	Frankenmuth  FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period  38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice Pre Aggregate		
- В.	Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC  Mailing Address 1 Mutual Ave			Date of Receipt
	City	State	Zip Code	Transaction ID: F2F62B5DE2C15FA082D
	Frankenmuth	MI	48787-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:  Primary General  Other (specify) ▼	Occupation Vice Pre Aggregate		
с. С.	Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC	<u>'</u>		Date of Receipt
	Mailing Address 1 Mutual Ave			12 24 7 2010
	City	State	Zip Code	Transaction ID: 4F985B9010E44321E21
	Frankenmuth  FEC ID number of contributing federal political committee.	C	48787-0001	Amount of Each Receipt this Period  38.47
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:	Occupation Vice Pre Aggregate		
_	Primary General Other (specify) ▼	0 0	1038.69	
	SUBTOTAL of Receipts This Page (optional	)		115.41
	TOTAL This Period (last page this line numb	per only)		<b>L</b>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 66 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any personen name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew M. Eriksen  Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Manager-Project Research & Coordin Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael L. Faron, CPCU  Mailing Address 222 Ames St  City  Dedham  FEC ID number of contributing federal political committee.  Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For:  Primary General Other (specify)	State Zip Code MA 02026-1850  C  Occupation NE Commercial Lines Division Manage Aggregate Year-to-Date  230.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bryan Gilleland  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, Human Resources Aggregate Year-to-Date  1038.69	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		158.47

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to cance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, Human Resources Aggregate Year-to-Date  1038.69	Date of Receipt  M M C 26 2010  Transaction ID: 23B4970ECE9104F5A5  Amount of Each Receipt this Period  38.47
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, Human Resources Aggregate Year-to-Date   1038.69	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, Human Resources Aggregate Year-to-Date   1038.69	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	·····	115.41

SCHEDULE A (FEC ITEMIZED RECEIPT	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 66 (check only one)    X
NAME OF COMMITTEE (Ir			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Jimi Grande  Mailing Address 122 C S Ste 540  City  Washington  FEC ID number of contributifederal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary  Gen Other (specify)	State DC  Ing  Occupation Senior \ Aggregat	Zip Code 20001-2102  on /ice President-Federal and P te Year-to-Date ▼ 1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Midd Chris Hartrich Mailing Address PO Box  City Neenah  FEC ID number of contributifederal political committee.  Name of Employer Jewelers Mutual Insurance Company Receipt For:  Primary Gen Other (specify)	State WI  Occupation Vice Presented Aggregate	Zip Code 54957-0468  on esident HR/OD te Year-to-Date ▼ 220.00	Date of Receipt    M   M   D D   2 0 1 0    Transaction ID: C429B44B275D95A2377   Amount of Each Receipt this Period   20.00
Full Name (Last, First, Midd Joseph B. Haswell  Mailing Address 222 Am  City  Dedham  FEC ID number of contributifederal political committee.  Name of Employer Norfolk & Dedham Mutual Fire Insurance  Receipt For:  Primary Gen  Other (specify)	es St  State MA  Occupation Casualty Aggregat	Zip Code 02026-1850  on y Claims Manager te Year-to-Date ▼ 245.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This  TOTAL This Period (last page			1040.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 66 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) F. Timothy Hegarty, Jr., CPCU Mailing Address 222 Ames St  City  Dedham  FEC ID number of contributing federal political committee.  Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For:  Primary General Other (specify)	State Zip Code MA 02026-1850  C  Occupation President & CEO  Aggregate Year-to-Date   1639.32	Date of Receipt  M M J D D J Z O 1 0  Transaction ID: 39B7938F5A48ACE80A  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Brenda G. Hennenfent Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Regional Vice President  Aggregate Year-to-Date  220.00	Date of Receipt  M M M / 30 / 2010  Transaction ID: 7D6EE589059C6A6CAF  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) David F. Honold  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  2077.11	Date of Receipt  M M M / 23 / 2010  Transaction ID: BE865677E4CD7AA534  Amount of Each Receipt this Period  76.93
SUBTOTAL of Receipts This Page (optional	al)	136.93

SCHEDULE ITEMIZED R	A (FEC Form 3X ECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	-	PAGE 25 / 66  11c 12 15 16 17
or for commercial p	pied from such Reports an ourposes, other than using MMITTEE (In Full) ociation of Mutual Insu	the name and add	y not be sold or used by any pers dress of any political committee t iies PAC	on for the purpo o solicit contrib	pose of soli	citing contributions n such committee.
Full Name (Last David F. Honold Mailing Address  City Frankenmuth FEC ID number federal political  Name of Emplo Frankenmuth M nce Company Receipt For: Primary Other (sp	r of contributing committee.  yer lutual Insura-  General	1	Zip Code 48787-0001  n ice President e Year-to-Date  2077.11	1 1 Transa	2 ( ction ID: 8	
Full Name (Last David F. Honold Mailing Address  City Frankenmuth FEC ID number federal political  Name of Emplo Frankenmuth M nce Company Receipt For: Primary Other (sp	r of contributing committee.  yer lutual Insura-  General		Zip Code 48787-0001  n ice President e Year-to-Date  2077.11	1 2 Transa	1 (ction ID:	
Full Name (Last David F. Honold Mailing Address  City Frankenmuth FEC ID number federal political  Name of Emplo Frankenmuth Moce Company Receipt For: Primary Other (sp	r of contributing committee.  yer lutual Insura-  General		Zip Code 48787-0001  In ice President  2 Year-to-Date ▼ 2077.11	1 2 Transa	ction ID: F	
SUBTOTAL of Re	eceipts This Page (optional	)				230.79

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
National Association of Mutual Insu	urance Companies PAC	
Full Name (Last, First, Middle Initial) Georgiann Howell		Date of Receipt
Mailing Address 122 C St NW Ste 540		12 06 YYYYY 12 06 2010
City	State Zip Code	Transaction ID: 87C82BB05EA4E7E4
Washington	DC 20001-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer National Association of	Occupation	†
National Association of Mutual Insuran	Communications Director-Federal Affa	air
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00000	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Georgiann Howell		Date of Receipt
Mailing Address 122 C St NW Ste 540		12 17 2010
City	State Zip Code	Transaction ID: DE7A9AD3DB6787C0
Washington	DC 20001-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer National Association of	Occupation Communications Director-Federal Affa	air
Mutual Insuran Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Georgiann Howell		Date of Receipt
Mailing Address 122 C St NW Ste 540		12 30 7 2010
City	State Zip Code	Transaction ID: 7461B5807196CBBF
Washington	DC 20001-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer National Association of	Occupation	
Mutual Insuran	Communications Director-Federal Affa	air
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from or for commercial purposes.  NAME OF COMMITTEE		ay not be sold or used by any pers Idress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
National Association	of Mutual Insurance Compar	nies PAC	
Full Name (Last, First, M Timothy R. Hyle, CPA	liddle Initial)		Date of Receipt
	eferred Way		111 / 30 / Y Y Y Y Y
City New Berlin	State NY	Zip Code	Transaction ID: 7AE67879148EE5739C
FEC ID number of contri federal political committee	buting	13411-1800	Amount of Each Receipt this Period 40.00
Name of Employer Preferred Mutual Insurar Company	Occupation Corpora	on te Controller	
Receipt For:	Aggregat	e Year-to-Date ▼ 480.00	
Full Name (Last, First, N Theresa Jakubick	<u> </u>		Date of Receipt
Mailing Address PO E	Box 111		1 1 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: D34A11316688B5988D
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			40.00
Name of Employer Ohio Mutual Insurance ( pany	Com- Occupation Project I	on Manager	
Receipt For: Primary Other (specify)	General Aggregat	e Year-to-Date ▼ 460.00	
Full Name (Last, First, N	liddle Initial)		Date of Receipt
Mailing Address PO E	3ox 111		12 29 2010
City	State	Zip Code	Transaction ID: 2B45C86A3E5D46C549
Bucyrus	OH	44820-0111	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			20.00
Name of Employer Ohio Mutual Insurance (	Occupation Occupation		
pany Receipt For:	Project	Manager e Year-to-Date ▼	_
	General		¬
Other (specify)		460.00	<b></b>

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any persor e name and address of any political committee to sance Companies PAC	
Full Name (Last, First, Middle Initial) Theresa Jakubick Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Project Manager  Aggregate Year-to-Date   460.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Kraig T. Klopfenstein  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Sales/Marketing Aggregate Year-to-Date   510.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  1 1 3 0 2 2 0 1 0  Transaction ID: 64E319BE5165E14080  Amount of Each Receipt this Period  75.00
Full Name (Last, First, Middle Initial) Jeffrey Lopata  Mailing Address 1 Preferred Way  City New Berlin  FEC ID number of contributing federal political committee.  Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800  C  Occupation Manager - Commercial Lines E-Busine Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: FB0C01E9B9A6BC320  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional) .	<b></b>	135.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 66 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any pers the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tim Lynch  Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Assistant Vice President  Aggregate Year-to-Date  275.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rae Malesh  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Assistant to the President  Aggregate Year-to-Date   351.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: 3AC5CDE8B37A06FEA4  Amount of Each Receipt this Period  13.50
Full Name (Last, First, Middle Initial) Rae Malesh  Mailing Address PO Box 68700  City  Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Assistant to the President  Aggregate Year-to-Date   351.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)	52.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any person the name and address of any political committee to stance Companies PAC	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700  City Indianapolis FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Assistant to the President Aggregate Year-to-Date  351.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y     1 2
Full Name (Last, First, Middle Initial) Diane Marshall  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Manager  Aggregate Year-to-Date  550.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joel Matthies  Mailing Address PO Box 468  City Neenah  FEC ID number of contributing federal political committee.  Name of Employer Jewelers Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 54957-0468  C  Occupation Vice President - Information Technolog Aggregate Year-to-Date  220.00	Date of Receipt  M M C D D C 2 0 1 0  Transaction ID: A34AC7572152570A638  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	83.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 66 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Phil McCain  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, IT  Aggregate Year-to-Date  1038.69	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 62E5FB20467BAFEA1DI  Amount of Each Receipt this Period  38.47
Full Name (Last, First, Middle Initial) Phil McCain  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, IT  Aggregate Year-to-Date  1038.69	Date of Receipt  M M M / 26 / 2010  Transaction ID: AC88FA001F0520C3783  Amount of Each Receipt this Period  38.47
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, IT  Aggregate Year-to-Date ▼  1038.69	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: 62C29A22C4BD356C18  Amount of Each Receipt this Period  38.47
SUBTOTAL of Receipts This Page (optional	J)	115.41

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	d Statements may not be sold or used by any person the name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, IT  Aggregate Year-to-Date   1038.69	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Sherry L. McKenzie, AAM, AIS Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Assistant Manager  Aggregate Year-to-Date  370.00	Date of Receipt  M M M / 30 / Y Y Y Y Y  Transaction ID: 7B056CD2F05A9C6AEE  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Brian S. McLeod  Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company  Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President, Secretary & Treasure Aggregate Year-to-Date	Date of Receipt  M M M / 23 / 2010  Transaction ID: 0F408498DCE8A1E619  Amount of Each Receipt this Period  38.46
SUBTOTAL of Receipts This Page (optional	)	116.93

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 11a 13	-	R: PAGE 33 / 66  11c 12 15 16 17
or for commercial purp	poses, other than using the nar	me and add	not be sold or used by any person ress of any political committee to es PAC	on for the purp solicit contrib	pose of sol	liciting contributions m such committee.
Full Name (Last, F Brian S. McLeod Mailing Address  City Frankenmuth  FEC ID number of federal political cor  Name of Employer Frankenmuth Mutunce Company Receipt For:  Primary Other (specif	1 Mutual Ave  contributing nmittee.  al Insura-		Zip Code 48787-0001  ident, Secretary & Treasure Year-to-Date ▼ 1038.42	Transac Amoun	2 ction ID:	6 2010 95D51BCD52B0E4533F Receipt this Period 38.46
Full Name (Last, F Brian S. McLeod Mailing Address  City Frankenmuth  FEC ID number of federal political cor  Name of Employer Frankenmuth Mutunce Company Receipt For:  Primary Other (specif	1 Mutual Ave  contributing nmittee.  lal Insura-		Zip Code 48787-0001  ident, Secretary & Treasure Year-to-Date ▼ 1038.42	Transac Amoun	tion ID:	0 2010 AD1700E597805BBED0 Receipt this Period 38.46
Full Name (Last, F Brian S. McLeod Mailing Address  City Frankenmuth  FEC ID number of federal political cor  Name of Employer Frankenmuth Mutunce Company Receipt For:  Primary Other (specie	1 Mutual Ave  contributing nmittee.  al Insura-		Zip Code 48787-0001  ident, Secretary & Treasure Year-to-Date ▼ 1038.42	Transac Amoun	2 ction ID:	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Rece	ipts This Page (optional)					115.38

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to curance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Marliss McManus  Mailing Address 122 C St NW Ste 540  City Washington  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102  C  Occupation Senior Director - Federal Affairs  Aggregate Year-to-Date   520.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Marliss McManus  Mailing Address 122 C St NW Ste 540  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2102  C  Occupation Senior Director - Federal Affairs  Aggregate Year-to-Date   520.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: 8A0D7FFDDB24AC3C35  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Marliss McManus  Mailing Address 122 C St NW Ste 540  City Washington  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102  C  Occupation Senior Director - Federal Affairs  Aggregate Year-to-Date   520.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	) 	60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pentent he name and address of any political committee	erson for the purpose of soliciting contributions
	National Association of Mutual Insur	ance Companies PAC	
	Full Name (Last, First, Middle Initial) Scott A. Michael		Date of Receipt
	Mailing Address PO Box 30660		11 30 7 2010
	City Lansing	State Zip Code MI 48909-8160	Transaction ID: 78252A4A2BCB6B111A  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C +5333 5135	25.00
	Name of Employer Auto-Owners Insurance Company	Occupation Assistant Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) David Middleton		Date of Receipt
	Mailing Address PO Box 68700		12 06 YYYY 12010
	City	State Zip Code	Transaction ID: D929BC9EA9C5B57A8
	Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer National Association of Mutual Insuran	Occupation Vice President - Finance	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) David Middleton		Date of Receipt
	Mailing Address PO Box 68700		12 17 2010
	City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: 997DE609D82C5DDC0
	FEC ID number of contributing federal political committee.	C 46268-0700	Amount of Each Receipt this Period  20.00
	Name of Employer National Association of Mutual Insuran	Occupation Vice President - Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any person name and address of any political committee to ance Companies PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  David Middleton  Mailing Address PO Box 68700  City  Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary  General  Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Finance  Aggregate Year-to-Date   1000.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Carolyn B. Muller Mailing Address PO Box 30660  City Lansing FEC ID number of contributing federal political committee.  Name of Employer Auto-Owner's Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation AVP-Regional Sales Operations Aggregate Year-to-Date  295.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Joel P. Murray  Mailing Address 222 Ames St  City  Dedham  FEC ID number of contributing federal political committee.  Name of Employer Norfolk & Dedham Mutual Fire Insurance  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 02026-1850  C  Occupation NE Division Manager-Personal Lines Aggregate Year-to-Date  260.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		70.00

CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (Check only one)
y information copied from such Reports ar for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by the name and address of any political con	v any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
National Association of Mutual Insu	ırance Companies PAC	
Full Name (Last, First, Middle Initial) Karlyn T. Myers Mailing Address 1 Preferred Way		Date of Receipt
Mailing Address 1 Preferred Way		11 30 2010
City	State Zip Code	Transaction ID: 4D52F8409CA72756
New Berlin	NY 13411-1800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Preferred Mutual Insurance Company	Occupation Vice President, Corporate Se	ecretary
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	60	0.00
Full Name (Last, First, Middle Initial) William C. Myers		Date of Receipt
Mailing Address 1 Commerce Sq 2005 Market Street		11 / 30 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C8F89480641F0670
<u>Philadelphia</u>	PA 19103-7042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	26	0.00
Full Name (Last, First, Middle Initial) Mary S. Pierce		Date of Receipt
Mailing Address PO Box 30660		11 / 30 / Y Y Y Y
City	State Zip Code	Transaction ID: A1D1EF694CA1F66
Lansing	MI 48909-8160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation AVP-Home Office Claims	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	27	5.00
	I)	125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Kevin Rall  Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Assistant Vice Pres Sales & Agence Aggregate Year-to-Date  360.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 3 0 2 0 1 0  Transaction ID: C5EDE7201C45428F20  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Kevin Rall  Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Assistant Vice Pres Sales & Agence Aggregate Year-to-Date  360.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Kevin Rall  Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Assistant Vice Pres Sales & Agence Aggregate Year-to-Date  360.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	Statements may not be sold or used by any personne name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Reddick, PhD  Mailing Address 3601 Vincennes Rd  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-1154  C  Occupation Director - Public Policy Research Aggregate Year-to-Date   520.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Reddick, PhD  Mailing Address 3601 Vincennes Rd  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-1154  C  Occupation Director - Public Policy Research Aggregate Year-to-Date   520.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Reddick, PhD  Mailing Address 3601 Vincennes Rd  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-1154  C  Occupation Director - Public Policy Research Aggregate Year-to-Date   520.00	Date of Receipt  M M J J J J J J J J J J J J J J J J J
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		FOR LINE NUMBER: PAGE 40 / 66 check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any person for e name and address of any political committee to sol ance Companies PAC	
Full Name (Last, First, Middle Initial) Liz Reynolds, CPCU, API Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date  260.00	Date of Receipt  M M O D D C 2 0 1 0  Transaction ID: 005EEDEDD9731F7BF.  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial) Liz Reynolds, CPCU, API Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date  260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Liz Reynolds, CPCU, API Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation State Affairs Manager/Southeast Region Aggregate Year-to-Date  260.00	Date of Receipt  M M M / 30 / 2010  Transaction ID: 1B3ACBAF88D1A2B37  Amount of Each Receipt this Period  10.00
SUBTOTAL of Receipts This Page (optional) .		30.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, o	other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City Lansing  FEC ID number of contrib federal political committee  Name of Employer Auto-Owners Insurance C pany Receipt For:	ox 30660  State MI  uting Com- Occupation Senior V	Zip Code 48909-8160  on fice President, Personal Lines e Year-to-Date  ▼ 390.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Mic Gerald L. Roach, CPCU, FL Mailing Address PO Bo City Richmond  FEC ID number of contributed committee  Name of Employer Mutual Assurance Society of Virginia Receipt For:  Primary Geral Other (specify)	State VA  uting Occupation Presider		Date of Receipt  M M / D D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: 57CD1805D5D38E3EF9  Amount of Each Receipt this Period  230.00
Full Name (Last, First, Mice Mary Rowlinson Mailing Address PO Bo City Bucyrus  FEC ID number of contributed rederal political committee Name of Employer United Ohio Insurance Copany Receipt For:  Primary George Other (specify)	State OH  uting Occupation Claims C	Zip Code 44820-0111  on Operations Manager e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts Thi	is Page (optional)		320.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 66 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any persithe name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary Rowlinson  Mailing Address PO Box 111  City  Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer United Ohio Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Claims Operations Manager  Aggregate Year-to-Date   500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Mary Rowlinson Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer United Ohio Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Claims Operations Manager Aggregate Year-to-Date   500.00	Date of Receipt  M M M / 29 / 2010  Transaction ID: 8C8315AF201DA23BAD  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) Rodney J. Rupp  Mailing Address 6101 Anacapri Blvd  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48917-3968  C  Occupation Executive Vice President, Claims Aggregate Year-to-Date  660.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 5CF9D2876076DF2CD3  Amount of Each Receipt this Period  60.00
SUBTOTAL of Receipts This Page (optional)	) <b>]</b>	110.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any personal ename and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carol Sanders  Mailing Address PO Box 468  City Neenah  FEC ID number of contributing federal political committee.  Name of Employer Jewelers Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code WI 54957-0468  C Occupation CFO Aggregate Year-to-Date  220.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: ADC202ED2CC3B30FD5  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Kenneth Schroeder  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Senior Vice President, Commercial L Aggregate Year-to-Date  440.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 3 0 2 0 1 0  Transaction ID: B4D9EC53B5424A7BF1I  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) James C. Schumacher  Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Director - Agency Systems  Aggregate Year-to-Date  205.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 3 0 2 0 1 0  Transaction ID: 85BDC7B6E5BB3BBED9  Amount of Each Receipt this Period  25.00
SUBTOTAL of Receipts This Page (optional) .		85.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Sells  Mailing Address 1 Commerce Sq 2005 Market Street  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer Pennsylvania Lumbermens Mutual Insuran  Receipt For: Primary General Other (specify)	State Zip Code PA 19103-7042  C  Occupation Compensation Supervisor  Aggregate Year-to-Date  260.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: F913575102B98739C06  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Gregory Shell Mailing Address PO Box 30660  City Lansing FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Regional Vice President  Aggregate Year-to-Date   300.00	Date of Receipt  M M M / 30 / 2010  Transaction ID: 633A35BD6E62AB77B8  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Stephanie Sheridan  Mailing Address 122 C St NW Ste 540  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2102  C  Occupation PAC Coordinator  Aggregate Year-to-Date  260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	I)	70.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 66 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Stephanie Sheridan  Mailing Address 122 C St NW Ste 540  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State DC  C  Occupation PAC Cool Aggregate		Date of Receipt    M
В.	Full Name (Last, First, Middle Initial) Stephanie Sheridan  Mailing Address 122 C St NW Ste 540  City Washington  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State DC  C  Occupation PAC Cool Aggregate		Date of Receipt    M M M
 C.	Full Name (Last, First, Middle Initial) Karen Signorino Mailing Address PO Box 468  City Neenah  FEC ID number of contributing federal political committee.  Name of Employer Jewelers Mutual Insurance Company Receipt For:  Primary General Other (specify)	State WI  C  Occupation Director  Aggregate		Date of Receipt    M M M
Ş	SUBTOTAL of Receipts This Page (optional)			40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	Statements may not be sold or used by any person ne name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700  City Indianapolis FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Member Developmen Aggregate Year-to-Date   520.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kristen Sizelove  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Member Developmen Aggregate Year-to-Date  520.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Kristen Sizelove  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Member Developmen Aggregate Year-to-Date   520.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 66 (check only one)  X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insurar	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John K. Smith, CRM, CIC,  Mailing Address 1 Commerce Sq 2005 Market Street  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code PA 19103-7042  C  Occupation President & CEO  Aggregate Year-to-Date  2660.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) John K. Smith, CRM, CIC,  Mailing Address 1 Commerce Sq 2005 Market Street  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code PA 19103-7042  C  Occupation President & CEO  Aggregate Year-to-Date  2660.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Steven C. Speicher  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Regional Vice President - Forest Regional Vice Presiden	Date of Receipt  M M J 30 2010  Transaction ID: 9D224DEE31DC0E9939  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	380.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	d Statements may not be sold or used by any personal he name and address of any political committee to rance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Amy Sullivan  Mailing Address PO Box 111  City Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Manager  Aggregate Year-to-Date  210.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Amy Sullivan  Mailing Address PO Box 111  City  Bucyrus  FEC ID number of contributing federal political committee.  Name of Employer Ohio Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code OH 44820-0111  C  Occupation Manager  Aggregate Year-to-Date  210.00	Date of Receipt    M   M   29   2010    Transaction ID: F540075B0C2EE016EE   Amount of Each Receipt this Period   10.00
Full Name (Last, First, Middle Initial) Tim F. Sullivan, RPLU  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer NAMIC Insurance Company, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Claims  Aggregate Year-to-Date   520.00	Date of Receipt  M M O O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 66 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any person name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tim F. Sullivan, RPLU  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer NAMIC Insurance Company, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Tim F. Sullivan, RPLU  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General	State Zip Code IN 46268-0700  C  Occupation Vice President - Claims  Aggregate Year-to-Date   520.00  State Zip Code IN 46268-0700  C  Occupation Vice President - Claims  Aggregate Year-to-Date	Date of Receipt  Transaction ID: 2BA4338F29B9D77417C  Amount of Each Receipt this Period  20.00  Date of Receipt  1 2 3 0 2 0 1 0  Transaction ID: D8DD54FB641B3BAEBE  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Jeffrey Tagsold Mailing Address PO Box 100045  City Duluth  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code GA 30096-9345  C  Occupation President  Aggregate Year-to-Date   660.00	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  National Association of Mutual Insur	Statements may not be sold or used by any person he name and address of any political committee to so cance Companies PAC	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Tetrault  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation State Affairs Manager/Northeast Region Aggregate Year-to-Date	Date of Receipt    M
Full Name (Last, First, Middle Initial) Paul Tetrault  Mailing Address PO Box 68700  City  Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation State Affairs Manager/Northeast Region Aggregate Year-to-Date   520.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Paul Tetrault  Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation State Affairs Manager/Northeast Region Aggregate Year-to-Date  520.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 66 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes  NAME OF COMMITTE	s, other than using the name and a	ddress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, IDaniel J. Thelen Mailing Address PO  City Lansing  FEC ID number of cont federal political committ  Name of Employer Auto-Owners Insurance pany Receipt For: Primary Other (specify)	Box 30660  State MI  ributing ee.  C  Occupati Senior V  Aggregat	Zip Code 48909-8160  on Vice President of Human Resorte Year-to-Date  ▼ 460.00	Date of Receipt  M M M / 30 / 2010  Transaction ID: 43B81F553C141F4F2E9  Amount of Each Receipt this Period  45.00
Full Name (Last, First, I Joe Thesing Mailing Address PO  City Indianapolis  FEC ID number of cont federal political committ  Name of Employer National Association of Mutual Insuran Receipt For:  Primary  Other (specify)	Box 68700  State IN  ributing ee.  Occupati Assistan  Aggregar	Zip Code 46268-0700  on nt Vice President - State Affai te Year-to-Date  520.00	Date of Receipt  1 2 0 6 2 0 1 0  Transaction ID: 93A229105FC31E45E00  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Joe Thesing Mailing Address PO  City Indianapolis  FEC ID number of cont federal political committ  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary Other (specify)	Box 68700  State IN  ributing ee.  Occupati Assistar  Aggregar	Zip Code 46268-0700  on nt Vice President - State Affai te Year-to-Date ▼  520.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts	This Page (optional)	<b>&gt;</b>	85.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 66 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Assistant Vice President - State Affai Aggregate Year-to-Date  520.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM  Mailing Address 409 Kenyon Rd  City Fort Dodge  FEC ID number of contributing federal political committee.  Name of Employer Heartland Mutual Insurance Association Receipt For:  Primary General Other (specify)	State Zip Code IA 50501-5718  C  Occupation President/CEO  Aggregate Year-to-Date  2450.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Vice President of Administration  Aggregate Year-to-Date   1053.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 2 3 2 0 1 0  Transaction ID: 9EB555362601A663250  Amount of Each Receipt this Period  39.00
SUBTOTAL of Receipts This Page (optional	l)	274.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company  Receipt For:  Primary General Other (specify)		Zip Code 48787-0001  on sident of Administration e Year-to-Date  ▼ 1053.00	Date of Receipt  1 1
В.	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48787-0001  on sident of Administration e Year-to-Date ▼  1053.00	Date of Receipt    M   M   D   D   2 0 1 0
	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	<del>- '</del>	Zip Code 48787-0001  on sident of Administration e Year-to-Date  ▼ 1053.00	Date of Receipt    M M M
	SUBTOTAL of Receipts This Page (optional)			117.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	nd Statements may not be sold or used by any pers the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregg R. U'Ren Mailing Address PO Box 30660  City Lansing FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700	State Zip Code MI 48909-8160  C  Occupation Regional Vice President Aggregate Year-to-Date  220.00	Date of Receipt    M
City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Operations  Aggregate Year-to-Date  260.00	Transaction ID: AC91CB54720E8AF6CC Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Operations  Aggregate Year-to-Date   260.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (options	l	40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 66 (check only one)  X 11a 11b 11c 12 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura	Statements may not be sold or used by any person ne name and address of any political committee to sance Companies PAC	
Full Name (Last, First, Middle Initial)  Michael Ulmer  Mailing Address PO Box 68700  City  Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer National Association of Mutual Insuran  Receipt For:  Primary General  Other (specify)	State Zip Code IN 46268-0700  C  Occupation Vice President - Operations  Aggregate Year-to-Date  260.00	Date of Receipt    M   M   D   D   D   2 0 1 0
Full Name (Last, First, Middle Initial) Aaron J. Valentine Mailing Address 1 Preferred Way  City New Berlin  FEC ID number of contributing federal political committee.  Name of Employer Preferred Mutual Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code NY 13411-1800  C  Occupation Senior Vice President, Treasurer & CF Aggregate Year-to-Date  460.00	Date of Receipt  M M / 30 / 2010  Transaction ID: 8CFDA20E9FA3E9F03  Amount of Each Receipt this Period  60.00
Full Name (Last, First, Middle Initial) James J. Walsh, Jr.  Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company  Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Vice President-Claims  Aggregate Year-to-Date  480.00	Date of Receipt    M   M     3 0   2 0 1 0     Transaction ID: 3E543ED833D5830FE     Amount of Each Receipt this Period   50.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	d Statements may not be sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by any personant the name and address of any political committee to be a sold or used by a sold or used b	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) lan R. Ward  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Senior Vice President, Investments a Aggregate Year-to-Date  400.00	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Wenger  Mailing Address PO Box 30660  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owner's Insurance Company Receipt For:  Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Actuary  Aggregate Year-to-Date   630.00	Date of Receipt  M M M / D B D / Y Y Y Y Y  1 1
Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM, Mailing Address 1 Mutual Ave  City Frankenmuth  FEC ID number of contributing federal political committee.  Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001  C  Occupation Senior Vice President  Aggregate Year-to-Date   1079.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	164.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes,  NAME OF COMMITTEE	other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M James W. Wilds, CPCU, A Mailing Address 1 Mur City Frankenmuth  FEC ID number of contril federal political committee  Name of Employer Frankenmuth Mutual Instance Company Receipt For:  Primary Other (specify)	State MI  Duting e.  Occupation Senior V	Zip Code 48787-0001  on fice President e Year-to-Date  ▼ 1079.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, M James W. Wilds, CPCU, A Mailing Address 1 Mur City  Frankenmuth  FEC ID number of contril federal political committee  Name of Employer Frankenmuth Mutual Instruce Company Receipt For:  Primary  Other (specify)	State MI  Duting e.  Occupation Senior V	Zip Code 48787-0001  on fice President e Year-to-Date  ▼ 1079.00	Date of Receipt    M M
Full Name (Last, First, M James W. Wilds, CPCU, A Mailing Address 1 Mur City  Frankenmuth  FEC ID number of contril federal political committee  Name of Employer Frankenmuth Mutual Instruce Company Receipt For:  Primary 0 Other (specify)	State MI  Duting e.  Occupation Senior V	Zip Code 48787-0001  on /ice President e Year-to-Date ▼ 1079.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts Th	nis Page (optional)		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 66 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Association of Mutual Insura		son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Denise G. Williams  Mailing Address PO Box 30660  City Lansing  FEC ID number of contributing federal political committee.  Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160  C  Occupation Manager-East Michigan Underwritin Aggregate Year-to-Date  240.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Jeffrey S. Wrobel, SR, CPCU, Mailing Address PO Box 6927  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230-0927  C  Occupation EVP, IT & Underwriting  Aggregate Year-to-Date ▼  293.84	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael A. Yeager  Mailing Address 1047 W Hamilton St  City Allentown  FEC ID number of contributing federal political committee.  Name of Employer Mutual Insurance Company of Lehigh Cou Receipt For:  Primary General Other (specify)	State Zip Code PA 18101-1012  C  Occupation President & CEO  Aggregate Year-to-Date   500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		198.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 66 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)  National Association of Mutual Insu	rance Compan	ies PAC	
Full Name (Last, First, Middle Initial) Steve Zabriskie  Mailing Address PO Box 30660			Date of Receipt    M
City Lansing	State MI	Zip Code 48909-8160	Transaction ID: 10AD2C01947B4AB892D
FEC ID number of contributing federal political committee.	C	100000100	20.00
Name of Employer Auto-Owners Insurance Com- pany Receipt For:	Occupation AVP-Sale	es	
Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	7

		20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	20.00
TOTAL This Period (last page this line number only)	<b></b>	7202.76

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 66 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Association of Mutual Inst	urance Companies PAC	
Full Name (Last, First, Middle Initial) Employers Mutual Casualty Company Comm Mailing Address 717 Mulberry Stree  City	·	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Des Moines  FEC ID number of contributing federal political committee.	IA 50309  C C00163873	Amount of Each Receipt this Period  2500.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  2500.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	2500.00

В.

President District:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only of X 21b 27	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  National Association of Mutual Insurance	Companies PAC		
Full Name (Last, First, Middle Initial) Chase Bank			Transaction ID: AA441D981209AC4698 Date of Disbursement  1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing Address 8751 N Michigan Road			11 30 2010
City Indianapolis	State Zip Code IN 46268		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees		001	106.82
Candidate Name		ategory/ Type	
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 153A5571978D8178546
Chase Bank			Date of Disbursement
Mailing Address 8751 N Michigan Road			12
City Indianapolis	State Zip Code IN 46268		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees		001	45.17
Candidate Name	C	ategory/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•				151.99	
TOTAL This Period (last page this line number only)	<b>•</b>	_			151.99	

State:

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full)  National Association of Mutual Insurance Companies PAC  Full Name (Last, First, Middle Initial) Buck for Colorado  Mailing Address PO Box 101465  City State Zip Code CO 80250 Purpose of Disbursement 2010 General Candidate Name Remeth R. Buck  Office Sought: House President State: CD District:  Full Name (Last, First, Middle Initial) Bucshon for Congress  Mailing Address PO Box 250  City State Zip Code Companies PAC  Transaction ID: 29939D85 Date of Disbursement To: 2910 Category Type  Office Sought: A House Companies PAC  Transaction ID: FF9F76BC Date of Disbursement To: 2010 Category Type  Transaction ID: FF9F76BC Date of Disbursement To: 2010 Category Type  Office Sought: A House Candidate Name President State: IN District: 08  Full Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office Sought: Name (Last, First, Middle Initial) Republican Party of Florida  Office	EDULE B (FEC FOIIII 3X)	Use separate schedule(s)		E NUMBER:	PAGE 62/	66
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